CONNECTICUT LEGAL RIGHTS PROJECT, INC.

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PUBLIC HEALTH COMMITTEE PUBLIC HEARING 3/18/15
TESTIMONY OF KATHLEEN FLAHERTY, ASSOC. EXEC. DIRECTOR
Concerning Raised Bill no. 1089: An Act Concerning Mental Health Services
In Support of Sections 4, 11 and 15
Support with Concerns: Sections 1, 2, 3, 6, 8, 16, and 17

Senator Gerratana, Representative Ritter, and members of the Committee:

The Connecticut Legal Rights Project (CLRP) is a legal services organization that advocates for low-income individuals in institutions and in the community throughout the state who live with mental health conditions. We support initiatives that integrate individuals into the community.

CLRP supports those sections of the bill that support access to mental health services: the behavioral health professional incentive program (section 4), tele-medicine (section 11), and increasing the Medicaid rates (section 15).

We have concerns about several other sections of the raised bill. "Mental Health First Aid" (Sections 1, 2 and 3) is a crisis-oriented program and only one of many different programs offered to non-mental health professionals to introduce them to the topics of mental health and mental illness. This kind of training is good, but insufficient to accomplish the goal of helping children.

This legislature has the opportunity to implement some of the recommendations in the final report issued by the Governor's Sandy Hook Advisory Commission, on which I served. That report noted that

> "Addressing a fragmented and underfunded behavioral health system tainted by stigma requires building a comprehensive, integrated approach to care. The approach will stress family involvement and community resilience. Care will be holistic and involve pediatric and adult medical homes from birth to adulthood, with efforts to insure continuity of care. Identifying risk factors,

> reinforcing protective factors, and promoting positive development throughout will be key goals, and peer as well as professional support will be involved."

The report also noted the critical importance of social-emotional learning (SEL) in schools. The Commission recommended that SEL "must form an integral part of the curriculum from preschool through high school" and that it

> "Contributes to the ability of students to identify and name feelings (such as frustration, anger and loneliness) that might contribute to disruptive and self-destructive behavior… A sequenced social development curriculum must include anti-bullying strategies [and] alcohol and drug awareness."

Social-emotional learning teaches children how to use social problem-solving skills to manage situations.

We support the addition of social workers and psychologists in schools (section 6) but note with concerns that this section only proposes funding up to five full time positions statewide, for a two year period – which comes nowhere close to meeting the need, and potentially results in a lack of continuity of care upon the expiration of the grant funding.

Other programs, such as the "Community Conversations about Mental Health" organized by the state's Regional Mental Health Boards, accomplish the same goal of increasing community awareness about mental health issues, at a lower cost. NAMI Connecticut offers an in-service training program called "Parents and Teachers as Allies," a presentation offered by a trained panel comprised of a family member, a person with lived experience, and an educator.

The behavioral health consolidation and care coordination program in section 8 needs to be examined more closely: it may interfere with the Young Adult Services model already being used by the Department of Mental Health and Addiction Services. It also is not clear why this would be established and implemented by DCF – "young adults" aged 18 and over are adults.

Behavioral health homes (section 16) are designed to be located at community-based mental health providers. We have serious concerns about expanding the model to include hospitals, and don't have enough information about the kinds of services provided at federally-qualified health centers to know whether these centers should serve as someone's behavioral health home.

The report proposed in section 17 about the provision of behavioral health services

cannot be considered complete unless clarification is provided about the information being requested. "Discharge delays and outcomes" is too vague: this language should explicitly state that reports be made on the length of time a person stays in the hospital after being identified as discharge-ready, the barriers to that person's discharge, the location to where the person is discharged, and re-hospitalization within the year.

Thank you for your work and for your consideration of these serious concerns.